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| 76809 Barbara E. Joh 555 Grant Street Pittsburg, PA 15 | nson, Esq. t, Suite 323 | | | I hereby certify that this | ificate of Mailing or T is Fec(s) Transmittal is th sufficient postage fo Stop ISSUE FEE add O (571) 273-2885, on | ransmission being deposited with the United or first class mail in an envelope tress above, or being facsimile the date indicated below. |
| | | | | Barbara E. Johnson (Depositor's name) | | |
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| APPLICATION NO. | 04/06/2006 | | FIRST NAMED INVENTOR Robin R. Oder | | 4042-060816 | |
| 10/574,859 FITLE OF INVENTION FLUIDS | | METHOD FOR CONTIN | | 12/15/200 | RTICLES FROM NON | 30 10574859 |
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| REIFSNYDER, DAVID A | | 1797 | 210-695000 | | | |
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| a. The following fee(s) Issue Fee | are submitted: | 4t | D. Payment of Fee(s): (A check is enclose Payment by credit | Please first reapply and led. t card. Form PTO-2038 | y previously paid issue | |
| | tus (from status indicated | | Dh Anglianni is an | longer claiming SMAL | I ENTITY | 27 CER 1 27/a)(2) |
| • • • | | | | | | or the assignee or other party in |
| Authorized Signature | 1600 | ~1/ | , Office. | | • | |
| Typed or printed nam | Barbar | ra E. Ja | phuson | Registration No | o. 31, 1 | 10, 2009 198 |

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te and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 DEC 1 4 2009 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 RUCTIONS: Tell form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). 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Oder TITLE OF INVENTION: APPARATUS AND METHOD FOR CONTINUOUS SEPARATION OF MAGNETIC PARTICLES FROM NON-MAGNETIC **FLUIDS** APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional \$755 \$1055 01/19/2010 **EXAMINER** ART UNIT **CLASS-SUBCLASS** REIFSNYDER, DAVID A 1797 210-695000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) EXPORTECH Company, INC. Export, PA Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🙋 Corporation or other private group entity 🔲 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) lssue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. 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